REGISTERED STUDENT ORGANIZATION (RSO)
DEPOSIT FORM via CASHIER’S OFFICE

Registered Student Org: ________________________________

Agency Account #: 3-___________-0710

Depositor’s Name: ________________________________

Phone Number: ________________________________

Email Address: ________________________________

Deposit Explanation: [ ] Membership Dues [ ] Fundraiser Monies
[ ] Reservation Fee [ ] Overdraft Payment

Other: ________________________________

*Check Date: _____________ Check #(#s): _____________

Number of Checks: _____________ Check Amount(s): $___________

Total Deposit Amount: $___________

*NOTE: Checks will NOT be accepted if older than six (6) months from the date issued.

BUSINESS USE ONLY

Processed By: _____________ Processed Date: _____________ Doc #: _____________

Created: 4/2/2020